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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 10/765,116	Filing Date 17/28/2004
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s) Evans, Rollin	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
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15							
16							
17							
18							
19							
20	1						
21		1					
22			1				
23		(3)					
24		3					
25	1						
26		1					
27		1					
28		1					
29		1					
30		2					
31		3					
32	1						
33		1					
34		1					
35		(3)					
36		3					
37	1						
38		1					
39		1					
40		1					
41		(3)					
42		3					
43		3					
44		3					
45		3					
46	1	3					
47		1					
48		1					
49		1					
50		1					
Total Indep	5						
Total Depend	50						
Total Claims	55						

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